



# 2015 Spring & Summer Open Hockey

**WHAT: 26 – 1.25 HOUR ON ICE OPEN HOCKEY SESSIONS**

**INSTRUCTOR: VOLUNTEER PARENTS TO SUPERVISE**

**COST: \$140.00 - MAKE CHECKS PAYABLE TO: NWIA AND SEND TO: NAGAWAUKEE ICE ARENA  
2699 GOLF RD  
DELAFIELD, WI 53018**

*( SINGLE SESSIONS WILL COST \$10 PER PLAYER AND ARE SUBJECT TO LIMITED SPACE AVAILABILITY!)*

*Mini Mites & Mites will be in a combined session, and Squirts & Pee Wees will be in a combined session*

**\*\* SPACE IS LIMITED TO 30 SKATERS PER LEVEL \*\***

## Mini Mites & Mites (5-8)

## Squirts & Pee Wees (9-12)

Sunday	12:00p	3/22	Sunday	1:30p	3/23
Wednesday	6:30p	3/25	Thursday	6:30p	3/26
Sunday	12:00p	3/29	Sunday	1:30p	3/29
Wednesday	6:30p	4/1	Thursday	6:30p	4/2
Wednesday	6:30p	4/8	Thursday	6:30p	4/9
Wednesday	6:30p	4/15	Thursday	6:30p	4/16
Sunday	12:00p	4/19	Sunday	1:30p	4/19
Wednesday	6:30p	4/22	Thursday	6:30p	4/23
Wednesday	6:30p	4/29	Thursday	6:30p	4/30
Wednesday	6:30p	5/6	Thursday	6:30p	5/7
Sunday	12:00p	5/10	Sunday	1:30p	5/10
Sunday	12:00p	5/17	Sunday	1:30p	5/17
Sunday	12:00p	5/24	Sunday	1:30p	5/24
Sunday	12:00p	5/31	Sunday	1:30p	5/31
Sunday	12:00p	6/7	Sunday	1:30p	6/7
Sunday	12:00p	6/14	Sunday	1:30p	6/14
Sunday	12:00p	6/21	Sunday	1:30p	6/21
Sunday	12:00p	6/28	Sunday	1:30p	6/28
Sunday	12:00p	7/12	Sunday	1:30p	7/12
Sunday	12:00p	7/19	Sunday	1:30p	7/19
Sunday	12:00p	7/26	Sunday	1:30p	7/26
Sunday	12:00p	8/2	Sunday	1:30p	8/2
Sunday	12:00p	8/9	Sunday	1:30p	8/9
Sunday	12:00p	8/16	Sunday	1:30p	8/16
Sunday	12:00p	8/23	Sunday	1:30p	8/23
Sunday	12:00p	8/30	Sunday	1:30p	8/30

**NAGA-WAUKEE ICE ARENA**  
**RELEASE OF LIABILITY**

I Am Being Allowed to Participate in Open Hockey at Naga-waukee Ice Arena. I Understand That There Are Certain Dangers Inherent in Playing Open Ice Hockey, Which Includes but Is Not Limited to Injuries from Contact with Other players, Sideboards, Goal Standards, the Ice, the Puck and Equipment. In Consideration of Being Allowed to Participate in Open Ice Hockey, I, Individually and for All Others Who May Claim Based on Injury to Me, Accept the Risk of Physical Injury and Released and Discharged Waukesha County and its Employees from Any Liabilities to Me for Any Physical Injury Which May Occur While I Am Participating in Open Hockey. I Understand That the Purpose and Intent of this Release Is to Prevent Me, and Others Who May Claim Through Me, from Recovering Any Money from Waukesha County and its Employees for Any Physical Injury I Suffer While Playing Open Hockey. All Participants must Wear Full Hockey Equipment Including Helmets and Face Masks, USA Approved.

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_

PARENT/GAURDIAN

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CIRCLE CHILD'S CURRENT LEVEL:**      **Mini Mite or Mite**   /   **Squirt or Pee Wee**